


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002166</b> 1. Entity Name <b>BETHEL APOSTOLIC FAITH TEMPLE, INC.</b>	
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Principal Place of Business <b>7169 NW 17 AVE MIAMI FL 33147</b>	Mailing Address <b>18900 NW 31 AVE OPA LOCKA FL 33056</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0744033</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HOOD, HENRY  
18900 NW 31 AVE  
OPA LOCKA FL 33056**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D HOOD, HENRY <input type="checkbox"/> Delete
NAME	HOOD, HENRY
STREET ADDRESS	18900 NW 31 AVE
CITY-ST-ZIP	OPA LOCKA FL 33056
TITLE	D HOOD, EDDIE MAE <input type="checkbox"/> Delete
NAME	HOOD, EDDIE MAE
STREET ADDRESS	18900 NW 31 AVE
CITY-ST-ZIP	OPA LOCKA FL 33056
TITLE	D HINES, BETTY J <input type="checkbox"/> Delete
NAME	HINES, BETTY J
STREET ADDRESS	3310 NW 171 ST
CITY-ST-ZIP	OPA LOCKA FL 33056
TITLE	D BARTHELL, CATHERIN <input type="checkbox"/> Delete
NAME	BARTHELL, CATHERIN
STREET ADDRESS	2430 NW 179 ST
CITY-ST-ZIP	OPA LOCKA FL 33056
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000072945  
03/02/04-80014-031 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Henry Hood 2/26/04 (305) 620-0405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #